

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>CHALMERS A SIMPSON, JR</b>	COURT CASE NUMBER
DEFENDANT <b>VISION PROPERTY MANAGEMENT</b>	TYPE OF PROCESS <b>CIVIL CASE</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**VISION PROPERTY MANAGEMENT AND WALTER ROESCH/KELLY LLOYD**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**PO BOX 488 COLUMBIA SC 29202**

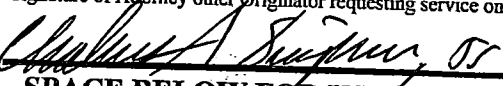
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
<b>CHALMERS A SIMPSON, JR</b> <b>PO BOX 5533</b> <b>HARRISBURG, PA 17110</b> <b>717-317-4587</b>	Number of parties to be served in this case	3
	Check for service on U.S.A.	YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

SERVE BETWEEN 9:00 AM AND 4:00 PM PLEASE  
CALL AT 803-799-0070 or 1-888-466-7932

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>717-317-4587</b>	DATE <b>7/6/21</b>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE</b>			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____
Address (complete only different than shown above)	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

CHALMERS A SIMPSON, JR

COURT CASE NUMBER

DEFENDANT

ALAN INVESTMENTS III LLC

TYPE OF PROCESS  
CIVIL CASE

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ALAN INVESTMENTS III LLC/AND OR JASON ALLEN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

61 BERRY HILL ROAD Ste 200 COLUMBIA, SC 29202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

CHALMERS A SIMPSON, JR  
PO BOX 5533  
HARRISBURG, PA 17110

717-317-4587

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

3

Check for service  
on U.S.A.

YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

SERVE BETWEEN 9:00 AM AND 4:00 PM PLEASE:  
CALL AT 1-443-919-7700 or 803-799-0070

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

717-317-4587

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No.

District to  
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

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on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF <b>CHALMERS A SIMPSON, JR</b>		COURT CASE NUMBER
DEFENDANT <b>BUREAU OF CODES ADMINISTRATION</b>		TYPE OF PROCESS <b>CIVIL CASE</b>
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>BUREAU OF CODES ADMINISTRATION</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>10 N SECOND STREET ROOM 205 HARRISBURG, PA 17101</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<b>CHALMERS A SIMPSON, JR</b> <b>PO BOX 5533</b> <b>HARRISBURG, PA 17110</b> <b>717-317-4587</b>		Number of process to be served with this Form 285 <b>3</b>
		Number of parties to be served in this case <b>3</b>
		Check for service on U.S.A. <b>YES</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SERVE BETWEEN 9:00 am and 2:00 PM please:

CODES AT 717-255-6553

Signature of Attorney other Originator requesting service on behalf of: <i>Chalmers A Simpson Jr.</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>717-317-4587</b>	DATE <b>7/6/21</b>
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		No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

- DISTRIBUTE TO:**
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  3. NOTICE OF SERVICE
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  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED